

“I’m Uncomfortable!”

A Guide to Dealing with Discomfort at Work

By Dr. Reid Waldman



This article is meant to follow on the theme of burnout. I chose to write on this topic because I have recently observed increasing rates of moral distress and burnout which I attribute, in part, to the COVID-19 pandemic. COVID-19 has made even the most mundane of activities, like going to the store, “uncomfortable” leaving individuals with minimal bandwidth to deal with being “uncomfortable” during daily practice.

“I’m uncomfortable!” Two words that when uttered immediately cast a sort of spell that puts a pit in the listener’s stomach and that serves as a call to arms to rectify injustice.

As I enter the final phase of dermatology residency training, I increasingly hear the words “I’m uncomfortable!” echo in my own head and bemoaned by my fellow residents. The scenarios that cause these words to bubble up are seemingly limitless: “I cannot see that many patients in a single half day!” “How could Dr. X not biopsy that *obvious* skin cancer!” “I cannot see that patient because I do not know how to treat that condition!” As I hear the words “I’m uncomfortable!” with increasing frequency, I cannot help but wonder whether they are spoken with such ease because training is inherently ‘uncomfortable’ and discomfort is a precursor to physician growth.

The feeling described by the words “I’m uncomfortable!” in these vignettes has previously been termed “moral distress.”

WDS EDITORIAL | WOMENSDERM.ORG



“Moral distress” is defined as an individual feeling morally constrained in a scenario in which he or she is not empowered to instigate change.

Historically, moral distress was posited to arise in scenarios in which a malicious actor disregarded the trainee for nefarious purposes. In this canon, the trainee is morally righteous and unfairly opposed by a wicked attending or administrator. While there are certainly bad actors in medicine from whom this age-old approach to moral distress has evolved, moral distress of the trainee (or really any physician) speaks to a deeper truth that anyone who has gone through medical education can appreciate: **training is hard** and **medicine is full of frustrating grey areas**.

It is because of this truth that I implore the reader to consciously work to reframe scenarios where he or she is tempted to exalt “I’m uncomfortable!” into positive learning experiences. Such a reframing of moral distress recognizes that scenarios in which one feels perturbed do not *necessarily* arise because maliciousness is afoot. Rather, individuals may experience moral distress in these situations because these situations are inherently distressing (e.g. finding an invasive melanoma on a patient who routinely undergoes total body skin examination), fall in grey areas of medicine (e.g. choosing whether an elderly patient in poor health should undergo biopsy of a non-melanoma skin cancer), or represent a major inflection point in training (e.g. taking a Mohs layer for the first time). While each vignette is entirely different, each vignette is capable of engendering strong emotions that can be distressing.

Although there is no magic trick that makes practicing medicine easy, it is important to develop healthy approaches to medicine’s inextricable stressors to avoid burnout and a constant state of despair.

Remember, each physician may have different feelings on what values are operant in a given patient care scenario, trainees have a knowledge gap that WILL be overcome with time, and certain parts of medical education are undeniably hard.

So what should you do the next time you hear the words “I’m uncomfortable!” ringing in your own head or erupting from the mouth of a colleague? Take a step back and question what medical, ethical, and humanistic factors are involved in making the situation you are experiencing distressing.